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MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM 10-575)						SERIAL NO.	FILE NO.				
APPLICANT						CLAIMS					
AS FILING		AFTER 1st DEPENDENT		AFTER 2nd DEPENDENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL						TOTAL					
IND.						IND.					
DEP.						DEP.					
TOTAL						TOTAL					
IND.						IND.					
DEP.						DEP.					

THIS FORM IS FOR ADDITIONAL CLAIMS ON SUBSEQUENT FORMS. IF APPLICANT IS COMPLETING THIS FORM, THE CLAIMS FORM MUST BE USED FOR ADDITIONAL CLAIMS ON SUBSEQUENT FORMS.